

GJP

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Ishmael A Burk Jr

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Joan Crowe

Dr Cassidy

Lillian Budd

John Doe

Pavil Legana

John Doe

19 5792

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

FILED

DEC - 9 2019

By KATE BARKMAN, Clerk  
Dep. Clerk

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Ishmael Burk  
ID # NH0208  
Current Institution Sci Smithfield  
Address 1120 Pike Street PO Box 999  
Huntingdon PA 16652

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Lillian Budd Shield # NA  
 Where Currently Employed Bucks County Correctional facility  
 Address NA

Defendant No. 2

Name Dr Cassi J- Shield # NA  
 Where Currently Employed Bucks County Correctional facility  
 Address NA

Defendant No. 3

Name Paul Igana Shield # NA  
 Where Currently Employed Bucks County Correctional facility  
 Address NA

Defendant No. 4

Name John Crowe Shield # NA  
 Where Currently Employed Bucks County Correctional facility  
 Address NA

Defendant No. 5

Name John Doe Shield # NA  
 Where Currently Employed Bucks County Correctional facility  
 Address NA

## II. Statement of Claim:

~~See Attachment~~

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Bucks County  
Correctional facility

B. Where in the institution did the events giving rise to your claim(s) occur? RHU-MHU

C. What date and approximate time did the events giving rise to your claim(s) occur? January 2018 February 2018 March 2018

What  
happened  
to you?

D. Facts: see attachment

Who  
did  
what?

see attachment

Was  
anyone  
else  
involved?

see Attachment

Who else  
saw what  
happened?

see Attachment

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

my right arm Roger cuff  
And my foot still is no recovered with my  
big toe

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

the events arose in Bucks County Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No  Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No  Do Not Know

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I filed it in MH

1. Which claim(s) in this complaint did you grieve? I wrote to them about my medication and what was happening in MH

2. What was the result, if any? NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I appealed to the highest level I spoke to Ms. Budd on several occasions about my medication

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

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Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I Am seeking \$ 80,000 for pain & suffering for my injuries

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## **VL Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

**1. Parties to the previous lawsuit:**

**Plaintiff** \_\_\_\_\_

**Defendants** \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

**3. Docket or Index number**

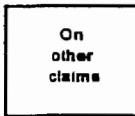
4. Name of Judge assigned to your case

5 Approximate date of filing lawsuit \_\_\_\_\_

6 Is the case still pending? Yes No

If NO, give the approximate date of disposition:

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



C. Have you filed other lawsuits in state or federal court?

Yes  No \_\_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Ishmael Bork  
 Defendants Bucks County (correctional) Facility

2. Court (if federal court, name the district; if state court, name the county) Eastern District

3. Docket or Index number 18-4702

4. Name of Judge assigned to your case MS Hey

5. Approximate date of filing lawsuit 11-2018

6. Is the case still pending? Yes  No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) still pending

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of December, 2019.

Signature of Plaintiff I Bork

Inmate Number NH0208

Institution Address SCI Smithfield

1120 Pike Street

Po Box 999

Huntingdon PA 16652

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of December, 2019, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: J R M

Defendant No 6 - John Doe  
Bucks County Correctional facility  
NA

D) What happen - I was in MHu from Jan 2018 - March 2018, I was moved there after i was sentenced. Dr Cassidy switched my medication i was taking Lexi Pro. She switched it to Zyprexa. While i was taking Zyprexa I threw up all the time and it made my depression worse. I wrote to Dr Cassidy, Ms Budd, Ms Crowe and Mr Iyana telling all what was happening and then i put a grievance in and nothing happened and that happen in January of 2018 by the end of the month i wrote to Dr Cassidy telling her that my medication was switched and that i would not be taking it anymore because my depression was worse and i needed to be put back on Lexi Pro. So When i refused to take the medication 2 guards (John Doe) would put me in a restraint and force me to take my medication if i continue to not accept my meds the 2 guards (John Doe) would turn my water off in my cell. the water in my cell was turned off for 20 days, and if i refused my meds again they would not feed me (The 2 guards) (John Doe) would skip my meal. When Chow come ~~good~~ around that was breakfast, lunch & dinner. When this happen i wrote to the following individuals (John Crowe, Dr Cassidy, Ms Budd & Mr Iyana) But i never heard back from either of the individuals. I wrote to Dr Cassidy several times

about my medication. I also wrote to Ms Crowe asking her if i can be seen because i fell off of my bed & i told her (wrote to her) that after i took my ~~medication~~ medication i fell off of my bed and that my right arm was hurting But i was refused medical by them and my arm currly still hurts When i wake up <sup>in the</sup> mornings i have major discomfort When i move it. I was put in MHU/RHU with no hearing at all and no type of explanation Mr legana, & Ms Budd would make rounds to RHU/MHU and i would have direct contact with them & ASK them why i was not on a regular block But they would never answer me or tell me why. I was in cell 4 in MHU and my cell smelled like Pee and i was forced to stay in the cell for 3 months without it being cleaned by any of the guards and i caught an infection on my leg and was bleeding with scabs marks, When the guards would come & get me to speak to my attorney i would ASK them if i can go to medical they would deny my request. January 2018, February 2018 & March 2018 i was denied phone calls to my family When i was in MHU through green slips to (Ms Budd & Pav Legana) and i havent received a answer back from either party

*D. Shonell Bass*